

Central Intelligence Agency



Washington, D.C. 20505

28 August 2019

Mr. David Moyar  
MuckRock News  
DEPT MR 63698  
411A Highland Avenue  
Somerville, MA 02144

Dear Mr. Moyar:

On 13 May 2019, the office of the Information and Privacy Coordinator received your 13 May 2019 Privacy Act (PA) request, submitted electronically through our website, for any and all information pertaining to David William Moyar which we interpret as a request for records about yourself. Your correspondence also indicates you originally submitted a request on 12 November 2018; please be advised that we have no record of receiving your request. We regret that we are unable to accept electronic PA requests at this time. Therefore, please re-submit your request through the mail or via fax. Our mailing address is:

Information and Privacy Coordinator  
Central Intelligence Agency  
Washington, DC 20505

Our fax number is 703-613-3007. We have enclosed our Privacy Act–Certification of Identity form for your convenience.

If your request is not one for records on yourself, but is a Freedom of Information Act (FOIA) request for records on a third party with the name, David William Moyar, we would still need additional data before we could begin processing your request. Without this data, we would be unable to distinguish between individuals with the same or similar names. Specifically, we would **require** the individual's:

- Full name***
- Date and place of birth***
- Date and place of death***
- Evidence of death*** (For deceased individuals, we require some *evidence of death*, such as a death certificate, an obituary, or a press statement to ensure there are no privacy considerations. A website link in itself does not satisfy the proof of death requirement. Please provide the actual documentation and source. Proof of death is not required if date of birth is 100 years ago or greater.)

Agency regulations encourage requesters seeking information on *living* third parties to provide a signed affidavit or declaration from the third parties waiving all or some of their privacy rights. For your convenience, we enclosed the:

**✓ Living party signed affidavit: Freedom of Information Act-Certification of Identity Form and copy of Code of Federal Regulations Vol. 32§ 1900.32(b) information.**

We can search without this authorization, but if we locate responsive records, privacy concerns would likely require us to protect the information from release. FOIA exemption (b)(6) requires us to protect information “the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.” In reaching this determination, we use the test our regulations outline at 32 CFR § 1900.32(b): “the Agency will balance the privacy interests that would be compromised by disclosure against the public interest in release of the requested information.” Therefore, the waiver would assist us with this determination.

Sincerely,



Mark Lilly  
Information and Privacy Coordinator

Enclosures



Central Intelligence Agency  
Information and Privacy Coordinator  
Washington, DC 20505 Fax (703)613-3007

## PRIVACY ACT - CERTIFICATION OF IDENTITY

**Privacy Act Statement:** In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by electronic means under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Full Name (Last, First, Middle) – Mr / Mrs / Ms: \_\_\_\_\_

Any Other Names Used? \_\_\_\_\_

Your Current Mailing Address & Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (City and State): \_\_\_\_\_  
Month Day Year

**CITIZENSHIP STATUS<sup>1</sup>** (Please Check One)

US Citizen Social Security Number <sup>2</sup> \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Country: \_\_\_\_\_

OR

Naturalized Citizen as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Naturalization #: \_\_\_\_\_  
Month Day Year

OR

Permanent Resident Alien as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PRA # \_\_\_\_\_  
Month Day Year

Specific Records of Interest: \_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL: Authorization to Release Information to Another Person:** This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

Print name and address of person to whom records should be released

**Statement Under Penalty of Perjury:** I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Individual submitting a request under the Privacy Act of 1974 must be "a citizen of the United States or an alien lawfully admitted for permanent residence", pursuant to 5 U.S.C. 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>2</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, we may be unable to locate any or all records.



Central Intelligence Agency  
Information and Privacy Coordinator  
Washington, DC 20505 Fax (703)613-3007

## FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

**Privacy Act Statement:** In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Name (Last, First, Middle) – Mr/Mrs/Ms: \_\_\_\_\_

Current Mailing Address and Phone: \_\_\_\_\_  
\_\_\_\_\_

Subject's Full Name (Last, First, Middle): \_\_\_\_\_

Any Other Names Used? \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (City, State/Country): \_\_\_\_\_

Month Day Year

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Death (City, State/Country): \_\_\_\_\_

Month Day Year

### SUBJECT'S CITIZENSHIP STATUS (Please Check One)

US Citizen Social Security Number <sup>1</sup> \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OR

Other Country: \_\_\_\_\_

Specific Records of Interest: \_\_\_\_\_  
\_\_\_\_\_

### COMPLETE THIS SECTION IF YOUR SUBJECT IS LIVING

**Authorization to Release Information to Another Person:** This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

Print name and address to who records should be released

Subject's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Providing your subject's social security number is voluntary. You are asked to provide the social security number only to facilitate the identification of records. Without the social security number, we may be unable to locate any or all records.

**Code of Federal Regulations, Vol. 32  
Chapter XIX (7-1-17 Edition)**

**§ 1900.32 Procedures for information  
concerning other persons.**

(a) *In general.* Personal information concerning individuals other than the requester shall not be disclosed under the Freedom of Information Act if the proposed release would constitute a clearly unwarranted invasion of personal privacy. See 5 U.S.C. 552(b)(6).

For purposes of this section, the following definitions apply:

(1) *Personal information* means any information about an individual that is not a matter of public record, or easily discernible to the public, or protected from disclosure because of the implications that arise from Government possession of such information.

(2) *Public interest* means the public interest in understanding the operations and activities of the United States Government and not simply any matter which might be of general interest to the requester or members of the public.

(b) *Determination to be made.* In making the required determination under this section and pursuant to exemption (b)(6) of the FOIA, the Agency will balance the privacy interests that would be compromised by disclosure against the public interest in release of the requested information.

(c) *Otherwise.* A requester seeking information on a third person is encouraged to provide a signed affidavit or declaration from the third person waiving all or some of their privacy rights. However, all such waivers shall be narrowly construed and the Coordinator, in the exercise of his discretion and administrative authority, may seek clarification from the third party prior to any or all releases.